Department of Transportation U.S. Coast Guard		PET AGREEMENT						
CAMSPACHSG-009		USCG CAMSPAC						
ū	1. Resident's Name (Last, First, MI):			2. Rank:	3. Resident's Permanent [3. Resident's Permanent Duty Station		
Section I Resident Information								
	4. Housing Area:	4. Housing Area: 5. Resident's Address (No. Street/Apt No, Home Phone):						
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L'E								
Section II Type of Pet	6. Type of Pet (i.e. Dog, Black Lab / Cat, brown/white mix)		7. Animal's Name		8. License/Exp Date	9. Sex	10. Age	
	1							
Sec Type	2							
Section III – Terms and Conditions								
By submitting this document I am requesting permission to maintain the above described pet(s) in my assigned government quarters.								
I have read and agree to abide by the pet regulations stipulated in the CAMSPAC HOUSING MANUAL, CAMSPACINST M11101.1A and any additional regulations listed below.								
1. I am allowed a maximum of two dogs, or two cats, or one of each , which I have identified in Section II above.								
2.								
3. I must keep my dog(s) restrained on a leash when I either walk my pet(s) or when outside of my dwelling. I will not leave my								
	I must adhere to all local animal control ordinances, including licensing requirements and vaccinations. It is my responsibility to update my Housing records verifying they reflect accurate/current pet information. I will maintain the area where my pet(s) are kept in a sanitary condition at all times. I will ensure my pet(s) shall not be a public hazard or nuisance and will be under control at all times. I understand if my animal bites or menaces a person or another animal, I will be ordered to permanently remove my pet from the housing area within five							
6.								
	days and I may lose my pet privilege.							
1	total number of two (2) pets must be removed by the age of 10 weeks.							
 I understand that even though I may have someone care for my pet(s) in my absence, I am still fully responsible for my pet(s) and their actions. 								
10. I understand it is my responsibility to exterminate fleas in my yard and in my unit. At the time I vacate my assigned quarters, I will ensure there is no flea infestation. If fleas are not properly/adequately exterminated, I understand I will be held financially								
responsible for an adequate extermination. I further understand I may be held financially responsible to eliminate the problem								
of lingering pet odors or pest infestations detected within 60 days of my final inspection. 11. I understand a random yearly pet/house cleanliness inspection will be performed at my quarters by the Housing Office staff. I								
also understand "just cause" inspections may be conducted at any time.								
Section IV – Agreement/Acknowledgement								
Should any damage occur as a result of my pet's actions, the Housing Authority has my permission to restore my quarters								
and charge me the costs incurred. I agree to immediately pay these costs and in the event I fail to do so, the Housing Authority has my permission to place a pay adjustment authorization against my pay for the restoration cost. By signing								
this document I agree to abide by all regulations stipulated. I understand the Housing Authority reserves the right to revoke my pet privilege or my privilege to reside in government quarters for failing to abide by any of these regulations.								
Resident's Signature:					Date:			
Haveing Office Department of Circustum					Data			
Housing Office Representative's Signature					Date:			